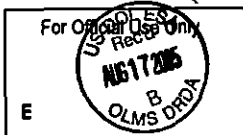


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8754	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Ronald L Hall P O Box Bldg Room No if any Street 1233 S Shelby Street City Indianapolis State Indiana ZIP Code + 4 46203	4 Name file number and address of labor organization Name Teamsters Local Union No 135 Labor Organization File Number 009-836 P O Box Building and Room Number if any Street 1233 S Shelby Street City Indianapolis State Indiana ZIP Code + 4 46203
5 Position in labor organization Secretary/Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (Including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)

Signed

Ronald L Hall

On

8/12/05
Date

317-639-3541
Telephone Number

Name of Person Filing Ronald Hall	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text" value="Indiana Teamsters Health Benefits Fund"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="1233 S Shelby Street"/> City <input type="text" value="Indianapolis"/> State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46203"/>	14 a Nature of payment. <input type="text" value="In my position as Trustee the Fund paid my expenses to attend the I F E B P Foundation annual meeting in February, 2004"/>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input type="text" value="\$2 504"/>

Name of Person Filing **Ronald Hall**File Number **U****Part C Continuation Page****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name **Indiana Teamsters Health Benefits Fund**

Trade Name if any

P O Box Bldg Room No if any

Street **1233 S Shelby Street**City **Indianapolis**State **Indiana** ZIP Code + 4 **46203****14 a Nature of payment.**

In my position as Trustee, the Fund paid my expenses to attend the IBT Trustee Seminar in March 2004

13 b Is the Business an Employer ☒ **or Consultant** ☐ ?**14 b Amount of payment.****\$357 00****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name **In Teamsters Safety Train & Ed Trust Fund**

Trade Name if any

P O Box Bldg Room No if any

Street **1233 S Shelby Street**City **Indianapolis**State **Indiana** ZIP Code + 4 **46203****14 a Nature of payment.**

The Fund paid a portion of my meal expenses while I was attending the IBT Central Construction Division Annual meeting in March 2004

13 b Is the Business an Employer ☒ **or Consultant** ☐ ?**14 b Amount of payment.****\$109****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name **In Teamsters Safety Train & Ed Trust Fund**

Trade Name if any

P O Box Bldg Room No if any


Street **1233 S Shelby Street**City **Indianapolis**State **Indiana** ZIP Code + 4 **46203****14 a Nature of payment.**

The Fund paid a portion of my meal expenses while I was attending the IBT Trustee Seminar in March, 2004

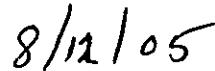
13 b Is the Business an Employer ☐ **or Consultant** ☐ ?**14 b Amount of payment****\$95**

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct and reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Signature



Date